PAGE 1 / 26

FEC FORM 3P

# REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Lice Only

						Office Use On	ly
1. NAME OF COMMITTEE (in	full, type or print)		Example: I	f typing, type	over the line	es. 12FE4	lM5
Marianne Williamso	on for Preside	nt					
ADDRESS (number and street)	1787 Tribute Road, Suite	e K					
Check if different							
reported. (ACĆ)	Sacramento	CITY			CA STATE	95815 ZIP	CODE
2. FEC IDENTIFICATION NUMB	BER ▶ C C0069						
3. TYPE OF REPORT (Choose	One)			Check	here if this is	a Termination	Report (TER)
Quarterly Rep	ports:			<u>M</u>	Ionthly Report	ts:	
April 15 (Q1) October	15 (Q3)		Feb 20 (M2)	<b>X</b> May 20	(M5)	aug 20 (M8)	Nov 20 (M11)
July 15 (Q2) January 3	31 Year-End Report (YE)		Mar 20 (M3)	Jun 20	(M6) S	Sep 20 (M9)	Dec 20 (M12)
		Ш	Apr 20 (M4)	Jul 20	(M7)	Oct 20 (M10))	Jan 31 (YE)
12-Day Pre-Election Report	for the Election on in the State	te of	]	30-Day Po	ost-Election R	eport for the G	eneral Election on
4. IS THIS REPORT AN AME		<b>X</b> no					
	04 / 01 / Y	2022	THROUG	iH 04	30	2022	Y
I certify that I have examined this	Report and to the best	t of my kno	wledge and b	elief it is true	e, correct and	d complete.	
Type or Print Name of Treasurer	Deane, Shawnda, , ,						
Signature of Treasurer  Deane,	Shawnda, , ,		[Electronical	ly Filed] Da	ate 05	/ 18	2022
NOTE: Submission of false, errone	ous, or incomplete inforn All previous versions of t					the penalties o	f 52 U.S.C. §30109
Office Use Only							

FEC Form 3P (Rev. 05/2016)

Write or Type Committee Name

#### Marianne Williamson for President

Report Covering the Period: From: Mod / 01 / 2022 To: Mod / 30 / 2022

#### **SUMMARY**

6.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD	28436.36
7.	TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	0.00
8.	SUBTOTAL (Lines 6 and 7)	28436.36
9.	TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	21110.97
10.	CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8)	7325.39
11.	DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	0.00
12.	DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	204699.64
13.	EXPENDITURES SUBJECT TO LIMITATION  (Use the worksheet on Page 8 to calculate this amount.)	0.00

#### NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14.	NET CONTRIBUTIONS (Other than Loans)							
	(Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3)	Ξ		Ξ	Ξ		51260.09	
15.	NET OPERATING EXPENDITURES							
	(Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4)						230179.43	
		_	7	_	_	7		

#### **DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 05/2016) of Receipts PAGE 3 / 26 NAME OF COMMITEE (in Full) Marianne Williamson for President M 04 M 01 30 2022 2022 To: Report Covering the Period: From:

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
6. FEI	DERAL FUNDS (Itemize on Schedule A-P)	0.00	
7. CO	NTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees	0.00	7
	(i) itemized	0.00	26477.00
	(ii) unitemized	0.00	27217.00
	(iii) Total contributions	0.00	53694.00
(b	Political Party Committees	0.00	0.00
(c)	Other Political Committees	0.00	0.00
(d	) The Candidate	0.00	0.00
(e)	TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	0.00	53694.00
	ANSFERS FROM OTHER AUTHORIZED MMITTEES	0.00	0.00
9. LO	ANS RECEIVED:		
(a)	Loans Received From or Guaranteed by  Candidate	0.00	0.00
(b	Other Loans	0.00	0.00
(c)	TOTAL LOANS (Add 19(a) and 19(b)	0.00	157319.55
	FSETS TO EXPENDITURES	,	, , , , , , , , , , , , , , , , , , , ,
(Re (a)	funds, Rebates, etc.): Operating	0.00	1961.84
(b	) Fundraising	0.00	0.00
(c)	Legal and Accounting	0.00	0.00
(d	) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	1961.84
1. OT	HER RECEIPTS (Dividends, Interest, etc.)	0.00	33.56
	TAL RECEIPTS d 16, 17(e), 18, 19(c), 20(d) and 21)	0.00	213008.95

#### **DETAILED SUMMARY PAGE**

FEC Form 3P (Rev. 05/2016) of Disbursements and Contributed Items PAGE 4 / 26 NAME OF COMMITEE (in Full) Marianne Williamson for President <sup>M</sup> 04 <sup>M</sup> <sup>D</sup> 01<sup>D</sup> 30 2022 М 04 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 23. OPERATING EXPENDITURES...... 20985.97 231682.36 24. TRANSFERS TO OTHER **AUTHORIZED COMMITTEES** 0.00 0.00 0.00 458.91 25. FUNDRAISING DISBURSEMENTS ... 26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS...... 0.00 0.00 27. LOAN REPAYMENTS MADE: Repayments of Loans made or Guaranteed by Candidate..... 0.00 0.00 (b) Other Repayments ..... 0.00 0.00 (c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))..... 0.00 0.00 28. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees..... 125.00 2433.91 (b) Political Party Committees...... 0.00 0.00 (c) Other Political Committees ....... 0.00 0.00 TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c)) ..... 125.00 2433.91 29. OTHER DISBURSEMENTS ..... 0.00 4.30 30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29) ..... 234579.48 21110.97 III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.) 31. ITEMS ON HAND TO BE LIQUIDATED (Attach List) ..... 0.00

FEC **Form 3P** (Rev. 05/2016) Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

# ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Page 5

1. NAME OF COMMITTEE (i	n full, type or print)	2. FEC II	DENT	IFIC	CATI	ON	NU	IME	BER	ł	С	C	2006	696¢	054	Ξ	Ξ	Ξ	
Marianne Williamsor	n for President																		
									1										
ADDRESS (number and street)	1787 Tribute Road, Suite k	(							1						1	1			
	Sacramento								C			958	315	1	1	_	Ш		
	•	CITY							ST	ATE				Z	ΖIP	CO	DE		
3. NAME OF CANDIDATE			1 1													<u> </u>			

#### **ALLOCATION BY STATE**

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama		
Alaska		
Arizona		
Arkansas		
California	7	7
Colorado		
Connecticut	7	7
Delaware	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , ,
District of Columbia	, , , , , , , , , , , , , , , , , , , ,	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Florida	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , ,
Georgia	7	7
Hawaii	, , , , , , , , ,	, , , , , , , , ,
Idaho	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , ,
Illinois		

Image# 202205209512502453 PAGE 6 / 26

Page 6

STATE ALLOCATION This Period TOTAL ALLOCATION To Date Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania

Image# 202205209512502454 PAGE 7 / 26

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date	Page 7
Rhode Island	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
South Carolina			
South Dakota	, ,		
Tennessee			
Texas			Ī
Utah			
Vermont			
Virginia			
Washington			_
West Virginia			
Wisconsin			
Wyoming			
Puerto Rico			Ī
Guam			
Virgin Islands			
TOTALS			

SCHEDULE B-P	
ITEMIZED DISBI	IRSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)							PA	GE 8	/ 26	S
	X	23		24		25		26		27a
		27b		28a		28b		28c		29

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Marianne Williamson for President Full Name (Last, First, Middle Initial) Date of Disbursement A. American Express Mailing Address P.O. Box 650448 04 2022 City State Zip Code **FEC Identification Number** Dallas TX 75265 Purpose of Disbursement Credit Card Payment C 001 Transaction ID: EB22899 Candidate Name Amount of Each Disbursement this Period Category/ Type 2232.62 Disbursement For: 2020 Office Sought: House General Senate Primary President Other (specify) Memo Item District: Full Name (Last, First, Middle Initial) B. Facebook, Inc. Date of Disbursement Mailing Address 1601 Willow Road 04 2022 City State Zip Code **FEC Identification Number** 94025 Menlo Park Purpose of Disbursement Online Ads 004 Transaction ID: BB334EB22899 Candidate Name Amount of Each Disbursement this Period Category/ Type 900.00 Office Sought: Disbursement For: 2020 House General Senate Primary President Other (specify) Memo Item District: Full Name (Last, First, Middle Initial) C. Zoom Video Communications, Inc. Date of Disbursement Mailing Address 55 Almaden Blvd., 6th Floor 04 2022 City State Zip Code FEC Identification Number 95113 San Jose CA Purpose of Disbursement Video Communications Services 001 Transaction ID: BB333EB22899 Candidate Name Amount of Each Disbursement this Period Category/ Type 16.05 Office Sought: Disbursement For: 2020 House Senate Primary General President Other (specify) Memo Item State: District: Subtotal Of Receipts This Page (optional)..... 2232.62 Total This Period (last page this line number only)).....

SCHEDULE B-P	
ITEMIZED DISBURSEMENTS	3

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)						: [	PA	GE 9	/ 26	5	
	×	23		24		25		26		27a	
		27b		28a		28b		28c		29	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Marianne Williamson for President Full Name (Last, First, Middle Initial) Date of Disbursement A. American Express Mailing Address P.O. Box 650448 04 11 2022 City State Zip Code **FEC Identification Number** Dallas TX 75265 Purpose of Disbursement Credit Card Payment C 001 Transaction ID: EB22897 Candidate Name Amount of Each Disbursement this Period Category/ Type 1803.35 Disbursement For: 2020 Office Sought: House General Senate Primary President Other (specify) Memo Item District: Full Name (Last, First, Middle Initial) B. A & B Printing Date of Disbursement Mailing Address 2900 S. Highland Drive 04 2022 City State Zip Code **FEC Identification Number** Las Vegas 89109 NV Purpose of Disbursement Printing 001 Transaction ID: BB300EB22897 Candidate Name Amount of Each Disbursement this Period Category/ Type 1803.35 Office Sought: Disbursement For: 2020 House General Senate Primary President Other (specify) Memo Item District: Full Name (Last, First, Middle Initial) c. Facebook, Inc. Date of Disbursement Mailing Address 1601 Willow Road 04 2022 City State Zip Code **FEC Identification Number** 94025 Menlo Park CA Purpose of Disbursement Online Ads 004 Transaction ID: EB22894 Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: 2020 11000.00 House Senate Primary General President Other (specify) Memo Item State: District: Subtotal Of Receipts This Page (optional)..... 12803.35 Total This Period (last page this line number only)).....

<b>SCHEDULE</b>	B-P
ITEMIZED D	DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					:	PAGE 10 / 26					
(check only one)					L					_	
ĺ	X	23		24		25		26		27a	
		27b		28a		28b		28c		29	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Marianne Williamson for President Full Name (Last, First, Middle Initial) Date of Disbursement A. Kelly Law, PLLC Mailing Address 16 Broad Street 04 11 2022 City Zip Code State **FEC Identification Number** Nashua NH 03064 C Purpose of Disbursement Petition Gathering 001 Transaction ID: EB22901 Candidate Name Amount of Each Disbursement this Period Category/ Type 3000.00 Disbursement For: 2020 Office Sought: House General Senate Primary President Other (specify) Memo Item District: Full Name (Last, First, Middle Initial) B. Media for Your Mind, Inc. Date of Disbursement Mailing Address 50 Westvale Drive 04 2022 City State Zip Code **FEC Identification Number** 01742 Concord MA Purpose of Disbursement Videography 001 Transaction ID: EB22903 Candidate Name Amount of Each Disbursement this Period Category/ Type 2600.00 Office Sought: Disbursement For: 2020 House General Senate Primary President Other (specify) Memo Item District: Full Name (Last, First, Middle Initial) c. Olson Remcho, LLP Date of Disbursement Mailing Address 555 Capitol Mall, Suite 400 04 2022 City State Zip Code FEC Identification Number 95814 Sacramento CA Purpose of Disbursement Legal Services 001 Transaction ID: EB22905 Candidate Name Amount of Each Disbursement this Period Category/ Type 350.00 Office Sought: Disbursement For: 2020 House Senate Primary General President Other (specify) Memo Item State: District: Subtotal Of Receipts This Page (optional)..... 5950.00 Total This Period (last page this line number only))..... 20985.97

	PAGE	OF	
FOR LINE NU	JMBER:	102	19h

OANS		of the Detailed Summary Page		FOR LINE NUMBER: 19a 19b		
AME OF COMMITTEE (In Fu	II)			Transaction ID : PC22319		
Marianne Williamson t	for President					
LOAN SOURCE Full Nam Williamson, Marianne, , ,	e (Last, First, Mid	dle Initial)	☐ Men	no Item Election: 2020 Primary General		
Mailing Address 690 Alamo Pintado Road				▼ Other (specify) ▼ Primary Debt		
City		State	Zip Code			
Solvang		CA	93463	Personal Funds of the Candidate		
Original Amount of Loan		Cumulative Paym	nent To Date	Balance Outstanding at Close of This Period		
	2500.00		0.00	2500.00		
TERMS Date Incurre	ed	D	ate Due Inte	erest Rate (if none, enter 0) Secured:		
09 / D D / Y	2020 Y	M M / D D	/ Y Y Y Y Y O9/11/2021	0.00 % (apr) Yes X No		
List All Endorsers or G	uarantors (if any	/) to Loan Sou	rce			
1. Full Name (Last, First, Middle Initial)			Name of Employ	Name of Employer		
Mailing Address			Occupation	Occupation		
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, I	Middle Initial)		Name of Employ	Name of Employer		
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7 7		
3. Full Name (Last, First, I	Middle Initial)		Name of Employ	Name of Employer		
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7 7 7 7 7		
4. Full Name (Last, First, I	4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7 7		
Subtotal Of Receipts This	Page (optional)			2500.00		
			,			
Total This Period (last pag	e this line numbe	er only)		7		

OF

### SCHEDULE C-P

Use separate schedule(s) for each category

FOR LINE NUMBER:		
	1 1100	1 110h

PAGE

LOANS		of the Detaile	ed Summary Page	FOR LINE NUMBER: 19a 19b		
NAME OF COMMITTEE (In Full)			Transaction ID : PC22331			
Marianne Williamson for F	President					
LOAN SOURCE Full Name (La Williamson, Marianne, , ,	st, First, Mid	dle Initial)	☐ Mem	no Item Election: 2020 Primary General		
Mailing Address 690 Alamo Pintado Road				▼ Other (specify) ▼ Primary Debt		
City Solvang		State CA	Zip Code 93463	▼ Personal Funds of the Candidate		
Original Amount of Loan		Cumulative Payme	ent To Date	Balance Outstanding at Close of This Period		
15	00.00		0.00	1500.00		
	20	Da	nte Due Inte	rest Rate (if none, enter 0)  Secured:  0.00  % (apr)  Yes No		
List All Endorsers or Guara	ntors (if any	r) to Loan Sour	ce			
1. Full Name (Last, First, Midd	lle Initial)		Name of Employe	Name of Employer		
Mailing Address			Occupation	Occupation		
City	ZIP Code	Amount Guaranteed Outstanding:	Guaranteed			
2. Full Name (Last, First, Middle	e Initial)		Name of Employe	er		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle	e Initial)		Name of Employe	Name of Employer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7		
4. Full Name (Last, First, Middle	e Initial)		Name of Employe	Name of Employer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7		
Subtotal Of Receipts This Pag	e (optional)			1500.00		
Total This Period (last page thi	s line numbe	er only)	·····			

Use separate schedule(s) for each category of the Detailed Summary Page

	PAGE	OF	
FOR LINE NU	JMBER:	19a	19h

LOANS	of the D	Detailed Summary Page	FOR LINE NUMBER: 19a 19b
IAME OF COMMITTEE (In Full)	•		Transaction ID : PC22583
Marianne Williamson for Presid	ent		
LOAN SOURCE Full Name (Last, First, Williamson, Marianne, , ,  Mailing Address 690 Alamo Pintado Road	Middle Initial)		Memo Item Election: 2020 Primary General  ✓ Other (specify) ▼ Primary Debt
City	State	Zip Code	
Solvang	CA	93463	Personal Funds of the Candidate
Original Amount of Loan	Cumulative	Payment To Date 0.	Balance Outstanding at Close of This Period  12500.00
TERMS  Date Incurred  M 04 / D 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M <sup>  </sup> M / [	Date Due 04/30/2022	Interest Rate (if none, enter 0)  Secured:  0.00  % (apr)  Yes  No
List All Endorsers or Guarantors (i 1. Full Name (Last, First, Middle Initial			Employer
Mailing Address		Occupat	ion
City	te ZIP Code	Amount Guarante Outstand	
2. Full Name (Last, First, Middle Initial)		Name of	Employer
Mailing Address		Occupat	ion
City	te ZIP Code	Amount Guarante Outstand	
3. Full Name (Last, First, Middle Initial)		Name of	Employer
Mailing Address		Occupat	ion
City	te ZIP Code	Amount Guarante Outstand	
4. Full Name (Last, First, Middle Initial)	<u> </u>	Name of	Employer
Mailing Address		Occupat	ion
City	te ZIP Code	Amount Guarante Outstand	
Subtotal Of Receipts This Page (option	nal)		12500.00
Total This Period (last page this line n	umber only)		

	PAGE	OF	
FOR LINE NU	JMBER:	19a	19h

LOANS		of the Details	ed Summary Page	FOR LINE NUMBER: (check only one) 19a 19b		
NAME OF COMMITTEE (In Full)				Transaction ID : PC22618		
Marianne Williamson for Pres	ident					
LOAN SOURCE Full Name (Last, Fi Williamson, Marianne, , ,	rst, Mid	dle Initial)	☐ Mem	o Item Election: 2020 Primary General		
Mailing Address 690 Alamo Pintado Road			Other (specify)  Primary Debt			
City Solvang		State CA	Zip Code 93463	▼ Personal Funds of the Candidate		
Original Amount of Loan		Cumulative Payme	ent To Date	Balance Outstanding at Close of This Period		
8500.00			0.00	8500.00		
TERMS  Date Incurred		Da		est Rate (if none, enter 0) Secured:		
M 05 M / D D / Y Y Y Y 2021	Y	M M / D D	05/26/2022	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors	(if any	y) to Loan Sour	ce			
1. Full Name (Last, First, Middle In	tial)		Name of Employe	Name of Employer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,		
2. Full Name (Last, First, Middle Init	ial)		Name of Employe	Name of Employer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7		
3. Full Name (Last, First, Middle Init	ial)		Name of Employe	Name of Employer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·		
4. Full Name (Last, First, Middle Init	ial)		Name of Employe	Name of Employer		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7		
Subtotal Of Receipts This Page (or	otional).		<b>\</b>	8500.00		
Total This Period (last page this line	e numb	er only)	·····			

	PAGE	OF	
FOR LINE NU	JMBER:	100	10h

LOANS		of the Detaile	ed Summary Page	FOR LINE NUMBER: (check only one) 19a 19b		
NAME OF COMMITTEE (In Full)				Transaction ID : PC22636		
Marianne Williamson for Pr	esident					
LOAN SOURCE Full Name (Last, Williamson, Marianne, , ,	First, Mid	dle Initial)	☐ Mem	no Item Election: 2020 Primary General		
Mailing Address 690 Alamo Pintado Road				Other (specify) ▼ Primary Debt		
City Solvang		State CA	Zip Code 93463	▼ Personal Funds of the Candidate		
Original Amount of Loan		Cumulative Payme	ent To Date	Balance Outstanding at Close of This Period		
18500	.00	2	0.00	18500.00		
TERMS  Date Incurred		Da		rest Rate (if none, enter 0) Secured:		
M 07	Y	M M / D D	/ Y Y Y Y Y O7/01/2022	0.00 % (apr) Yes X No		
List All Endorsers or Guarante	ors (if any	y) to Loan Sour	'ce			
1. Full Name (Last, First, Middle	Initial)		Name of Employe	Name of Employer		
Mailing Address			Occupation	Occupation		
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	9 9 9		
2. Full Name (Last, First, Middle	Initial)		Name of Employe	Name of Employer		
Mailing Address			Occupation	Occupation		
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7		
3. Full Name (Last, First, Middle	nitial)		Name of Employe	Name of Employer		
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
4. Full Name (Last, First, Middle	nitial)		Name of Employe	Name of Employer		
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7 7		
Subtotal Of Receipts This Page	(optional).			18500.00		
Total This Period (last page this	line numb	er only)	·····			

	PAGE	OF	
FOR LINE NU	JMBER:	100	10h

LOANS			ed Summary Page	FOR LINE NUMBER: 19a 19b
IAME OF COMMITTEE (In Full)	•			Transaction ID : PC22666
Marianne Williamson for Pr	esident			
LOAN SOURCE Full Name (Last Williamson, Marianne, , ,  Mailing Address 690 Alamo Pintado Road	First, Mid	ldle Initial)	☐ Mem	Primary General  Other (specify)
			T	Primary Debt
City Solvang		State CA	Zip Code 93463	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Payme	ent To Date	Balance Outstanding at Close of This Period
8500	.00		0.00	8500.00
Date Incurred  M 07	Y	Da	nte Due Inte	rest Rate (if none, enter 0)  Secured:  0.00  % (apr)  Yes  No
List All Endorsers or Guarant	ors (if an	y) to Loan Sou	rce	
1. Full Name (Last, First, Middle	Initial)		Name of Employ	er
Mailing Address			Occupation	
			Amount	
City	State	ZIP Code	Guaranteed Outstanding:	7 7 7
2. Full Name (Last, First, Middle	Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7
3. Full Name (Last, First, Middle	Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , ,
4. Full Name (Last, First, Middle	Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·
Subtotal Of Receipts This Page	(optional).			8500.00
Total This Period (last page this	line numb	er only)		

	PAGE	OF	
FOR LINE N	JMBER:	100	10h

OANS		of the Detaile	ed Summary Page	FOR LINE NUMBER: 19a 19b		
AME OF COMMITTEE (In Full)	•			Transaction ID : PC22692		
Marianne Williamson for I	President					
LOAN SOURCE Full Name (La Williamson, Marianne, , ,	st, First, Mid	dle Initial)	☐ Men	Primary General		
Mailing Address 690 Alamo Pintado Road				X Other (specify) ▼ Primary Debt		
City		State	Zip Code	Personal Funds of the Candidate		
Solvang ————————————————————————————————————		CA	93463	Fersonal Funds of the Candidate		
Original Amount of Loan		Cumulative Paym	ent To Date	Balance Outstanding at Close of This Period		
85	00.00	,	0.00	8500.00		
TERMS  Date Incurred		Da	ate Due Inte	rest Rate (if none, enter 0) Secured:		
	)21 Y	M M / D D	08/26/2022	0.00 % (apr) Yes X No		
List All Endorsers or Guara	ntors (if any	/) to Loan Sou	ce			
1. Full Name (Last, First, Midd	dle Initial)		Name of Employ	er		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Midd	e Initial)		Name of Employ	er		
Mailing Address			Occupation			
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
3. Full Name (Last, First, Midd	e Initial)		Name of Employ	er		
Mailing Address			Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7 7		
4. Full Name (Last, First, Middle Initial)			<u> </u>	Name of Employer		
Mailing Address			Occupation			
		710.0	Amount			
City	State	ZIP Code	Guaranteed Outstanding:	9 9 9		
Subtotal Of Receipts This Pag	e (optional)		·····	8500.00		
Total This Period (last page th	is line numbe	er only)	<u> </u>			
Total Tills I ellou (last page til	o mio numbe	Σι Οι π <i>γ</i> /				

OF

PAGE

## SCHEDULE C-P

FOR LINE NUMBER:	П	П
( 1 1 1 )	l  10a	1 110h

LOANS		of the Detaile	d Summary Page	FOR LINE NUMBER: 19a 19b
NAME OF COMMITTEE (In Full)	•			Transaction ID : PC22708
Marianne Williamson for Pı	resident			
LOAN SOURCE Full Name (Last Williamson, Marianne, , ,	, First, Mid	dle Initial)	☐ Mem	no Item Election: 2020 Primary General
Mailing Address 690 Alamo Pintado Road				✓ Other (specify) ▼ Primary Debt
City Solvang				▼ Personal Funds of the Candidate
Original Amount of Loan		Cumulative Payme	ent To Date	Balance Outstanding at Close of This Period
8500	0.00	2	0.00	8500.00
Date Incurred  M M M / D D / Y Y 202	y		ate Due Inte	rest Rate (if none, enter 0)  Secured:  0.00  % (apr)  Yes X No
List All Endorsers or Guarant	ors (if any	y) to Loan Sour	ce	70 (арт)
1. Full Name (Last, First, Middle	Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7
2. Full Name (Last, First, Middle	Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7
3. Full Name (Last, First, Middle	Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7
4. Full Name (Last, First, Middle Initial)			Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7
Subtotal Of Receipts This Page	(optional).		<b>_</b>	8500.00
Total This Period (last page this	line numb	er only)	·····	

	PAGE	OF	
FOR LINE NU	JMBER:	100	10h

LOANS			ed Summary Page	FOR LINE NUMBER: 19a 19b
NAME OF COMMITTEE (In Full)	•			Transaction ID : PC22736
Marianne Williamson for	President			
LOAN SOURCE Full Name (L Williamson, Marianne, , , Mailing Address	ast, First, Mide	dle Initial)	☐ Mem	Primary General  Other (specify)
690 Alamo Pintado Road				Primary Debt
City Solvang	-			Personal Funds of the Candidate
Original Amount of Loan		Cumulative Payme	ent To Date	Balance Outstanding at Close of This Period
, , 8	500.00	7	0.00	8500.00
Date Incurred  M 10	021 Y	Da	nte Due Inte	rest Rate (if none, enter 0)  Secured:  0.00  (apr)  Yes X No
List All Endorsers or Guara	antors (if any	) to Loan Sou	ce	
1. Full Name (Last, First, Mid	dle Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Midd	lle Initial)	'	Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	, , , , , , , , ,
3. Full Name (Last, First, Midd	lle Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7
4. Full Name (Last, First, Mido	lle Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	y y y
Subtotal Of Receipts This Page	ge (optional)		<b>—</b>	8500.00
Total This Period (last page th	is line numbe	er only)	<b></b>	

PAGE

OF

#### SCHEDULE C-P LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	П	П
/ 1 1 1 1	1 1102	1 110h

OANS	of the Detailed Summary Page FO			FOR	LINE NUMBER: (check only one) 19a 19b	
AME OF COMMITTEE (In Full)	OF COMMITTEE (In Full)				Trans	action ID : PC22772
Marianne Williamson for Presid	lent					
LOAN SOURCE Full Name (Last, First Williamson, Marianne, , ,  Mailing Address 690 Alamo Pintado Road	, Mido	dle Initial)		☐ Me	mo Item	Election: 2020  Primary  General  ✗ Other (specify) ▼  Primary Debt
-						Primary Debt
City Solvang		State CA	Zip Co 9346			Personal Funds of the Candidate
Original Amount of Loan 68500.00		Cumulative Payme	ent To D	0.00	Baland	ce Outstanding at Close of This Period 68500.00
TERMS  Date Incurred  M 11	N			Int 1/26/2022		e (if none, enter 0)  Secured:  90  (apr)  Yes  No
List All Endorsers or Guarantors (i	if any	) to Loan Sour	ce			
1. Full Name (Last, First, Middle Initia	l)			Name of Emplo	yer	
Mailing Address				Occupation		
City	ate	ZIP Code		Amount Guaranteed Outstanding:		7
2. Full Name (Last, First, Middle Initial)	)			Name of Emplo	yer	
Mailing Address				Occupation		
City	ate	ZIP Code		Amount Guaranteed Outstanding:		7
3. Full Name (Last, First, Middle Initial)				Name of Emplo	yer	
Mailing Address				Occupation		
City	ate	ZIP Code		Amount Guaranteed Outstanding:		7
4. Full Name (Last, First, Middle Initial)				Name of Emplo	yer	
Mailing Address				Occupation		
City	ate	ZIP Code		Amount Guaranteed Outstanding:		7
Subtotal Of Receipts This Page (option						, 68500.00
Total Tills I ellou (last page tills lille I	idilibe			•••••		7

	PAGE	OF	
FOR LINE NU	JMBER:	100	10h

LOANS		of the Detaile	ed Summary Page	FOR LINE NUMBER: 19a 19b
NAME OF COMMITTEE (In Full)	•			Transaction ID : PC22805
Marianne Williamson for P	resident			
LOAN SOURCE Full Name (Las Williamson, Marianne, , ,	t, First, Mid	dle Initial)	☐ Mem	no Item Election: 2020 Primary General
Mailing Address 690 Alamo Pintado Road				Other (specify)  Primary Debt
City Solvang		State CA	Zip Code 93463	Personal Funds of the Candidate
Original Amount of Loan		Cumulative Payme	ent To Date	Balance Outstanding at Close of This Period
1531	9.55		0.00	15319.55
TERMS  Date Incurred  12		Da M M / D D	Ate Due Inte	rest Rate (if none, enter 0)  Secured:  0.00  (apr)  Yes  No
List All Endorsers or Guaran	itors (if any	y) to Loan Sour	ce	
1. Full Name (Last, First, Middl	e Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7
2. Full Name (Last, First, Middle	Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle	Initial)		Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7
4. Full Name (Last, First, Middle	Initial)	l	Name of Employe	er
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	7
Subtotal Of Receipts This Page	e (optional)		<b> </b>	15319.55
Total This Period (last page this	line numbe	er only)	<b>\</b>	161319.55

(Use separate schedule(s) for each numbered line) PAGE 22 / 26

FOR LINE NUMBER: (check only one)

11 **X** 12

NAME OF COMMITTEE (In Full)  Marianne Williamson for President					
A. Full Name (Last, First, Middle Initial) of Debto American Express	Nature of Debt (Purpose): Credit Card Payment				
Mailing Address P.O. Box 650448					
City Dallas					
Outstanding Balance Beginning This Period 1803.35	Transaction ID : PD15514				
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
0.00	,	1803.35	0.00		
B. Full Name (Last, First, Middle Initial) of Debtor American Express  Mailing Address P.O. Box 650448	Nature of Debt (Purpose): Credit Card Payment				
City Dallas	City State Zip Code				
Outstanding Balance Beginning This Period  2232.62  Amount Incurred This Period	Pa	yment This Period	Transaction ID : PD18577  Outstanding Balance at Close of This Period		
0.00	,	2232.62	0.00		
C. Full Name (Last, First, Middle Initial) of Debtor Ballot Access Management, LLC	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ballot Access Management, LLC				
Mailing Address 165-U New Boston Street, Suite 2	283				
City Woburn	State MA	Zip Code 01801			
Outstanding Balance Beginning This Period 7627.00			Transaction ID : PD20795		
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period		
0.00	,	0.00	7627.00		
1) SUBTOTALS This Period This Page (optional)			7627.00		
2) TOTALS This Period (last page this line number	only)		<b>-</b>		
3) TOTAL OUTSTANDING LOANS from Schedule	C-P (last page	e only)	-		
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	nary Page (last page only)			

(Use separate schedule(s) for each numbered line) PAGE 23 / 26

FOR LINE NUMBER:

11 (check only one) **X** 12

NAME OF COMMITTEE (In Full)  Marianne Williamson for President		·	
A. Full Name (Last, First, Middle Initial) of Debto Deane & Company	Nature of Debt (Purpose): Reporting Services		
Mailing Address 1787 Tribute Road, Suite K			
City Sacramento	State CA	Zip Code 95815	
Outstanding Balance Beginning This Period 0.00			Transaction ID : PD22910
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
968.13	7	0.00	968.13
B. Full Name (Last, First, Middle Initial) of Debtor Facebook, Inc.	Nature of Debt (Purpose): Online Ads		
Mailing Address 1601 Willow Road			
City Menlo Park	State CA	Zip Code 94025	
Outstanding Balance Beginning This Period 11000.00  Amount Incurred This Period	Pa	yment This Period	Transaction ID : PD21077  Outstanding Balance at Close of This Period
0.00	7	11000.00	0.00
C. Full Name (Last, First, Middle Initial) of Debto Financial Innovations, Inc.	Nature of Debt (Purpose): Postage		
Mailing Address 1 Weingeroff Blvd.			
City Cranston	State RI	Zip Code 02910	
Outstanding Balance Beginning This Period 442.02			Transaction ID : PD21639
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	,	0.00	442.02
1) SUBTOTALS This Period This Page (optional)			1410.15
2) TOTALS This Period (last page this line number	only)		
3) TOTAL OUTSTANDING LOANS from Schedule	C-P (last page	e only)	
4) ADD 2) and 3) and carry forward to appropriate	line of Summ	nary Page (last page only).	

(Use separate schedule(s) for each numbered line) PAGE 24 / 26

FOR LINE NUMBER: 1 (check only one)

NAME OF COMMITTEE (In Full)  Marianne Williamson for President		·	
A. Full Name (Last, First, Middle Initial) of Debt Financial Innovations, Inc.  Mailing Address 1 Weingeroff Blvd.	Nature of Debt (Purpose): Website Services		
City	State	Zip Code	
Cranston	RI	02910	
Outstanding Balance Beginning This Period 1853.20			Transaction ID : PD21640
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	1853.20
B. Full Name (Last, First, Middle Initial) of Debtor Financial Innovations, Inc.	Nature of Debt (Purpose): Postage		
Mailing Address 1 Weingeroff Blvd.			
City Cranston	State RI	Zip Code 02910	
Outstanding Balance Beginning This Period  811.54  Amount Incurred This Period  0.00	Transaction ID : PD21999  Outstanding Balance at Close of This Period  811.54		
C. Full Name (Last, First, Middle Initial) of Debt Financial Innovations, Inc.  Mailing Address 1 Weingeroff Blvd.	Nature of Debt (Purpose): Website Services		
City Cranston	State RI	Zip Code 02910	
Outstanding Balance Beginning This Period 459.20			Transaction ID : PD22000
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	7	0.00	459.20
<ol> <li>SUBTOTALS This Period This Page (optional)</li> <li>TOTALS This Period (last page this line number)</li> </ol>			3123.94
3) TOTAL OUTSTANDING LOANS from Schedule			
4) ADD 2) and 3) and carry forward to appropriat	e line of Summ	ary Page (last page only).	

(Use separate schedule(s) for each numbered line) PAGE 25 / 26

FOR LINE NUMBER: (check only one)

11 **X** 12

<ul> <li>A. Full Name (Last, First, Middle Initial) of Debto Kelly Law, PLLC</li> </ul>	Nature of Debt (Purpose): Petition Gathering		
Mailing Address 16 Broad Street			
City	State	Zip Code	
Nashua	NH	03064	
Outstanding Balance Beginning This Period			Transaction ID : PD21078
3000.00			
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period
0.00		3000.00	0.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):
L2, Inc.			Voter Data
Mailing Address 18912 N. Creek Parkway, Suite 2	201		
City	State	Zip Code	
Bothell	WA	98011	
Outstanding Balance Beginning This Period			Transaction ID : PD21647
31000.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00		0.00	31000.00
C. Full Name (Last, First, Middle Initial) of Debte	or or Creditor		Nature of Debt (Purpose):
Media for Your Mind, Inc.			Videography
Mailing Address 50 Westvale Drive			
City Concord	State MA	Zip Code 01742	
Outstanding Balance Beginning This Period			Transaction ID : PD21648
2600.00			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	,	2600.00	0.00
) SUBTOTALS This Period This Page (optional)			21000.00
, Sobretale fine renea fine rage (optional)			31000.00
TOTALS This Period (last page this line number	only)		
			, ,
) TOTAL OUTSTANDING LOANS from Schedule	C-P (last page	e only)	

(Use separate schedule(s) for each numbered line) PAGE 26 / 26

FOR LINE NUMBER: (check only one) 11

A. Full Name (Last, First, Middle Initial) of Deb Olson Remcho, LLP	Nature of Debt (Purpose): Legal Services		
Mailing Address 555 Capitol Mall, Suite 400			
City Sacramento	State CA	Zip Code 95814	
Outstanding Balance Beginning This Period 350.00	Transaction ID : PD22896		
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
0.00	,	350.00	0.00
B. Full Name (Last, First, Middle Initial) of Debt Olson Remcho, LLP	Nature of Debt (Purpose): Legal Services		
Mailing Address 555 Capitol Mall, Suite 400			
City Sacramento	State CA	Zip Code 95814	
Outstanding Balance Beginning This Period  0.00	·		Transaction ID : PD22914
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
219.00	7	0.00	219.00
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
) SUBTOTALS This Period This Page (optional)			
) TOTALS This Period (last page this line number	er only)		43380.09
) TOTAL OUTSTANDING LOANS from Schedule	161319.55		
			7